

**CEP-3
SECTION C**

APPLICATION FOR A PERFORMANCE/OPERATIONAL PERMIT

(A PERMIT TO MEASURE PERFORMANCE STANDARDS OF AN ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM)



For Department Use Only

ALABAMA DEPARTMENT OF PUBLIC HEALTH	_____ County Health Department	_____ Date Fee Paid
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification	_____ LHD Permit No.	_____ Fee Amount
	_____ Date Received	_____ Receipt No.

PART 1: GENERAL INFORMATION

Applicant Name _____ Phone _____

Address _____ City _____ County _____ Zip _____

Management Entity (if applicable) _____ ☐ Certificate of Financial Viability Attached?

System Name _____

Name of Development(s) or Establishment(s) Served _____

PART 2: SYSTEM INFORMATION

Installation Date _____

System Description (treatment, disposal, etc.) _____

Has there been any changes to the system since the last permit was issued (e.g. repair or additions)? _____

PLEASE READ BEFORE SIGNING: By signing this application, I am acknowledging that I am aware of the monitoring and reporting requirements set forth in the permit, the methods in which these requirements shall be obtained (sampling and/or flow meter readings) and understand that this performance permit shall be maintained in accordance with *Chapter 420-3-1*.

Applicant Signature _____

Date _____

Please remit to:

Alabama Department of Public Health
Bureau of Environmental Services, Suite 1250
Community Environmental Protection
Post Office Box 303017
Montgomery, AL 36130-3017